

**Home Investment Partnerships Program (HOME)**  
**Tenant Based Rental Assistance (TBRA)**  
**For Persons with HIV/AIDS**  
**Request for Proposals (FY2015)**  
**Indiana Housing & Community Development Authority**

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**A. Overview:**

The Indiana Housing and Community Development Authority requests innovative proposals from organizations who will administer a program using Home Investment Partnerships “HOME” funds to provide Tenant-Based Rental Assistance (“TBRA”) for persons who have been diagnosed with HIV or AIDS and are located in any of the following Indiana counties: Clark, Crawford, Floyd, Harrison, Jackson, Jennings, Jefferson, Orange, Scott, Switzerland, and Washington. TBRA would be provided to persons: (1) who have been diagnosed with HIV or AIDS; and (2) whose income is at or below 50% of Area Median Income (“AMI”) or and (3) who are in need of long-term rental assistance (1 year at minimum). HOME TBRA funds may be used to provide, security deposits, utility deposits and up to twenty-four months (24) months of rental assistance.

**B. Timeline:**

Note: This is an anticipated schedule and is subject to change or extension.

August 31, 2015	Application released to the general public.
September 10, 2015	Application must be submitted to IHEDA.
September 15, 2015	Tentative selection is made for Board Approval.
September 24, 2015	Tentative selective is taken to the Board for approval.

**C. Format for Submission, Transmission Instructions, and Deadline:**

Applicant’s proposal must be submitted via email. All documents must be submitted in PDF format. Applicant may also provide hard copy by the same deadline, but not in lieu of an electronic copy via email to:

E-mail: [ldimick@iheda.in.gov](mailto:ldimick@iheda.in.gov)

**The deadline for submission is September 10, 2015 at 5:00 PM EST.**

Applications received after this date and time will be rejected. Applications will only be accepted by email submission. Hard copies or faxed applications will *not* be considered. Applications that do not contain all of the required forms and documents may be determined to be ineligible for consideration.

**D. Eligible Tenants/Program Participants:**

Eligible tenants/TBRA are persons diagnosed with HIV/AIDS and are at or below 50% AMI, who is needing long term rental assistance will execute a one year lease. Each household must also meet the following requirements: (1) the household’s income must be at or below the 50% of AMI; and (2) does not have any appropriate housing options available to the household; and (3) sufficient resources and support networks to immediately obtain housing.

AIDS Definition: Acquired immunodeficiency syndrome (AIDS) or related diseases means the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (“HIV”).

Eligible person means a person with acquired immunodeficiency syndrome or related diseases, who is a low-income individual, as defined in this section, and the person's family.

## **E. Eligible Activities:**

Assistance may be used for the following activities:

### **1) Rental Assistance:**

- a. Up to 24 months of rental assistance.
- b. Security Deposits
- c. Utility Deposits (only if this assistance is provided with rental assistance or security deposit)

### **2) Administration:**

The applicant would be allowed to budget up to 5% of its total award for eligible administrative activities. Administration costs include the following:

- a) Salaries, wages and related costs of the applicant engaged in administration, including:
  1. Developing systems for assuring compliance with program requirements,
  2. Developing interagency agreements to carry out program activities,
  3. Monitoring program activities for progress and compliance with program requirements,
  4. Preparing reports and other documents directly related to the program for submission to IHCD, A,
  5. Coordinating the resolution of audit and monitoring findings,
  6. Evaluating program results against stated objectives,
  7. Managing or supervising persons whose primary responsibilities with regard to the program include such assignments as those described in any of #1-7 above.
- b) Other costs for goods and services required for administration of the program including rental or purchase of equipment, insurance, utilities, office supplies, and rental and maintenance (but not purchase) of office space,
- c) Travel costs incurred in carrying out the program.

## **F. Threshold Requirements:**

Each applicant and its TBRA project must satisfy the Federal requirements of the HOME program listed in 24 CFR Part 92 and any additional requirements established by IHCD, A. To be considered for funding, an applicant must meet the Threshold criteria listed below.

- 1) Applicant must be a private nonprofit organization (defined as tax-exempt secular or religious organizations described in section 501(c) of the Internal Revenue Code), or a unit of general purpose local government in the State of Indiana. Documentation of this status must be submitted with proposal.
- 2) Applicant must not have any unresolved findings from IHCD, A or HUD.
- 3) Applicant must actively participate in its regional homeless planning council on the homeless in the 2014 calendar. Certificate of Attendance with regional Planning Council on Homeless must be submitted.
- 4) Applicant must be located in the State of Indiana.
- 5) Applicant must have experience administering a rental assistance program of similar scope (such as Shelter Plus Care/Permanent Supportive Housing, HOPWA, CoC RRH recipient). If not providing any of these options, describe other rental assistance programs.
- 6) Applicant must be a current ISDH Care Coordination Site for HIV/AIDS population.

- 7) Proposals must be able to provide rental assistance and support services to these specific counties: Clark, Crawford, Floyd, Harrison, Jackson, Jefferson, Jennings, Orange, Scott, Switzerland, and Washington counties.

Match Information: HOME requires match. However for this program, IHCD will cover the match requirement. The applicant will not be required to cover the match.

## **G. OTHER REQUIREMENTS:**

- 1) Applicant and any vendor involved in program participant assessment, case management or fiscal management of the HOME funds must have Internet access and a functioning e-mail address.
- 2) Applicant will be required to complete reports each award year in accordance with HUD and IHCD requirements. IHCD will monitor outcomes on an on-going basis and will also be reported by the subrecipients in program reports.
- 3) Applicant's staff must attend IHCD required trainings on designated topics related to the TBRA program.
- 4) Applicants are required to perform case management with each program participant monthly, at a minimum.
- 5) The applicant would be required to submit claims for reimbursements monthly through IHCD Online (12 claims per operating year). The funds will only be disbursed for eligible expenses. The applicant is required to have adequate accounting practices to ensure that all funds are tracked at the client and activity level.
- 6) The applicant is required to track the amount of supportive services provided to participants receiving TBRA. For purposes of this program, supportive services may include but are not limited to case management, mental health treatment, substance abuse treatment, counseling, etc.
- 7) All applicants will be required to comply with the requirements of HUD's Equal Access Rule. See below for details.
- 8) Applicant must have the ability to track the amount of supportive services provided to participants receiving TBRA. (Supportive services may include but are not limited to case management, mental health treatment, substance abuse treatment, counseling, etc.)
- 9) Applicants must demonstrate organizational capacity to assess eligibility; develop and monitor housing permanency plans; identify and contract with eligible landlords and utilities; and manage the distribution and accounting of checks associated with eligible activities.

### **Appropriate Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities**

On February 3, 2012, HUD published the *Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity* final rule (Equal Access Rule) (77 FR 20 5662). This final rule requires that HUD's housing programs be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status. The rule defines "gender identity" to mean "actual or perceived gender-related characteristics." 24 CFR 5.100; 77 FR at 5665. The final rule also prohibits owners and administrators of HUD-assisted or HUD-insured housing, approved lenders in an FHA mortgage insurance program, and any other recipients or subrecipients of HUD funds from inquiring about sexual orientation or gender identity to determine eligibility for HUD-assisted or HUD-insured housing. The rule does not, however, prohibit voluntary self-identification of sexual orientation or gender identity, and it provides a limited exception for inquiries about the sex of an individual to determine eligibility for temporary, emergency shelters with shared sleeping areas or bathrooms, or to determine the number of bedrooms to which a household may be entitled. 24 CFR 5.105(a)(2).

## **H. Performance Objectives:**

The TBRA program will be evaluated annually to determine its effectiveness in meeting the following

key performance outcomes with regard to the targeted population participating in the program:

- 1) increase housing stability;
- 2) increase income/employment; and
- 3) increase self-sufficiency.

## **I. Applicant Certifications:**

**Each applicant applying for funds must certify the applicant's compliance with the following assurances and in the future be prepared to provide written policies and procedures, where applicable, upon request.**

### **1) Authority to Bind.**

The authorized representative of the agency who signs the certifications and assurances affirms that both the applicant and its authorized representative have adequate authority under state and local law and internal rules of the applicant's organization to:

- i. Execute and return the application.
- ii. Execute and return the required certifications, assurances, and agreements on behalf of the applicant and,
- iii. Execute agreements on behalf of the applicant.
- iv. Understand that intentional falsification, concealment or cover up by any trick, scheme or devise of any information, charts, data, attachments, or materially false, fictitious or fraudulent statement or representation of any information, submitted by the applicant will permanently disqualify the applicant from applying for funds under this program's initiatives.

### **2) Affirmatively Further Fair Housing.**

The applicant will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the state, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

### **3) Anti-displacement and Relocation Plan.**

The applicant will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49 CFR 24; and it has in effect and is following a residential anti-displacement and relocation assistance plan required under section 104(d) of the Housing and Community Development Act of 1974, as amended, in connection with any activity assisted with funding under the CDBG or HOME programs.

### **4) Anti-Lobbying.**

To the best of the applicant's knowledge and belief:

- i. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- ii. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and

- iii. It will require that the language of paragraphs i and ii of this certification be included in the subcontracts, subgrants, and subgrantees and subcontractors shall certify and disclose accordingly.
- 5) **Section 3.**

The applicant will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.
- 6) **Eligible activities and costs.**

The applicant is using and will use HOME funds for eligible activities and costs, as described herein as modified by the TBRA Administration Manual and that it is not using and will not use HOME funds for prohibited activities, as described in 24 CFR 92.214.
- 7) **Ethical Compliance.**

By submitting a proposal, the applicant certifies that it shall abide by all ethical requirements that apply to persons who have a business relationship with the State, as set forth in Indiana Code § 4-2-6 et seq., Ind. Code § 4-2-7, et seq., the regulations promulgated thereunder, and Executive Order 04-08, dated April 27, 2004. Applicant will be required to attend online ethics training conducted by the State of Indiana.
- 8) **Employment Eligibility Verification.**

The applicant will knowingly employ an unauthorized alien. The applicant shall require its contractors who perform work for the applicant pursuant to the project must certify to the applicant that the contractor does not knowingly employ or contract with an unauthorized alien.
- 9) **Confidentiality of State Information.**

The applicant understands and agrees that data, materials, and information disclosed to the applicant may contain confidential and protected information. The applicant covenants that data, material, and information gathered, based upon or disclosed to the applicant for the purpose of this project will not be disclosed to or discussed with third parties without the prior written consent of the IHCD. In addition to the covenant made above in this section and pursuant to 10 IAC 5-3-1(4), the applicant and IHCD agree to comply with the provisions of IC §4-1-10 and IC §4-1-11. If any Social Security number(s) is/are disclosed by applicant, applicant agrees to pay the cost of the notice of disclosure of a breach of the security of the system in addition to any other claims and expenses for which it is liable under the terms of this contract.
- 10) **Supportive Services.**

The applicant will track the amount of supportive services provided to participants receiving HOME TBRA. For purposes of this Program, supportive services may include but are not limited to case management, mental health treatment, substance abuse treatment, counseling, etc.
- 11) **Compliance with Laws.**

The applicant assures that the agency will comply with all applicable federal statutes, regulations, executive orders, circulars, and other federal administrative requirements in carrying out the grant.

The applicant acknowledges that it is under a continuing obligation to comply with the terms and conditions of the grant and recognizes that federal laws, regulations, policies and, administrative practices, might be modified from time-to-time and may affect the implementation of the project.
- 12) **Debarment or Suspension.**

The applicant certifies that neither it nor its principals nor any of its subcontractors are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from doing business or receiving funds from any federal agency or by any department, agency or political subdivision of the State. The term "principal" for purposes of this certification means an officer, director, owner, partner, key employee or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of the applicant.
- 13) **FFATA.**

Federal Funding Accountability and Transparency Act of 2006 ("FFATA"). FFATA reporting requirements will apply to any funding awarded by IHCD under this application in the amount

of \$25,000 or greater. The applicant, as a sub-recipient, must provide any information needed pursuant to these requirements. This includes entity information, the unique identifier of the applicant, the unique identifier of applicant's parent, and relevant executive compensation data, if applicable (see subsection C below regarding executive compensation data).

**A. Data Universal Numbering System (DUNS) number**

Pursuant to FFATA reporting requirements and in order to receive any funding awarded under this application, the applicant shall provide IHCD A with a valid Dun & Bradstreet ("D&B") Data Universal Numbering System ("DUNS") number that identifies the applicant. Accordingly, the applicant shall register for and obtain a DUNS number within fifteen (15) days of execution of the Agreement if it does not currently have a DUNS number. A DUNS number may be requested from D&B by telephone (currently 866-705-5711) or the Internet (currently at <http://fedgov.dnb.com/webform>).

**B. System for Award Management**

The applicant shall register in the System for Award Management ("SAM") formerly known as Central Contractor Registry ("SAM"), which is the primary registrant database for the U.S. Federal Government, and shall enter any information required by FFATA into the SAM, update the information at least annually after the initial registration, and maintain its status in the SAM throughout the Effective Period of this any agreement under which funding is awarded pursuant to this application. Information regarding the process to register in the SAM can be obtained at <http://www.ccr.gov/startregistration.aspx>.

**14) Meaningful Access for Limited English Proficient Persons ("LEP")**

Persons who, as a result of national origin, do not speak English as their primary language and who have limited ability to speak, read, write, or understand English ("limited English proficient persons" or "LEP") may be entitled to language assistance under Title VI in order to receive a particular service, benefit, or encounter. In accordance with Title VI of the Civil Rights Act of 1964 (Title VI) and its implementing regulations, the applicant, if awarded funding pursuant to this application agrees to take reasonable steps to ensure meaningful access, to activities funded with HOME Funds, by LEP persons. Any of the following actions could constitute "reasonable steps", depending on the circumstances: acquiring translators to translate vital documents, advertisements, or notices, acquiring interpreters for face to face interviews with LEP persons, placing advertisements and notices in newspapers that serve LEP persons, partnering with other organizations that serve LEP populations to provide interpretation, translation, or dissemination of information regarding the project, hiring bilingual employees or volunteers for outreach and intake activities, contracting with a telephone line interpreter service, etc.

## **J. Application Terms and Conditions:**

This application is issued subject to the following terms and conditions:

- A. This application is a request for the submission of qualifications, but is not itself an offer and shall under no circumstances be construed as an offer.
- B. IHCD A expressly reserves the right to modify or withdraw this request at any time, whether before or after any qualifications have been submitted or received.
- C. IHCD A reserves the right to reject and not consider any or all applicants that do not meet the requirements of this application, including but not limited to: incomplete qualifications and/or qualifications offering alternate or non-requested services.
- D. IHCD A reserves the right to reject any or all companies, to waive any informality in the application process, or to terminate the application process at any time, if deemed to be in its best interest.
- E. In the event the party selected does not enter into the required agreement to carry out the purposes described in this request, IHCD A may, in addition to any other rights or remedies available at law or in equity, commence negotiations with another person or entity.

- F. In no event shall any obligations of any kind be enforceable against IHCD A unless and until a written agreement is entered into.
- G. The applicant agrees to bear all costs and expenses of its response and there shall be no reimbursement for any costs and expenses relating to the preparation of responses of qualifications submitted hereunder or for any costs or expenses incurred during negotiations.
- H. By submitting a response to this request, the applicant waives all rights to protest or seek any remedies whatsoever regarding any aspect of this request, the selection of another applicant or applicants with whom to negotiate, the rejection of any or all offers to negotiate, or a decision to terminate negotiations.
- I. IHCD A reserves the right not to award a contract pursuant to the application.
- J. All items become the property of IHCD A upon submission and will not be returned to the Applicant.
- K. IHCD A reserves the right to split the award between multiple applicants and make the award on a category by category basis and/or remove categories from the award.
- L. The Applicant certifies that neither it nor its principals, contractors, or agents are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from utilizing federal funds by any federal or state department or agency.
- M. A copy of IHCD A's most recent Award Agreement Boilerplate is attached as an Exhibit to this application. By submitting a response to this application, applicant acknowledges the acceptance of IHCD A's Award Agreement Boilerplate and the understanding that such Boilerplate is non-negotiable.

## **K. Order of Pages & Attachments:**

The application and all applicable forms must be completed and submitted together prior to due date stated in order to be considered for funding. Application forms include:

- 1) Cover Page & Threshold
- 2) Exhibits 1-8
- 3) Fair Market Rent Form
- 4) Certification Statement and Signature page
- 5) Attachments in order listed below

**Tab A:** Most recent letter of 501(c)3 non-profit status determination.

**Tab B:** Current organizational chart, including proposed HOME TBRA staff.

**Tab C:** List of current Board of Directors including each member's name, employer, e-mail address, phone number, and term commitment. Required to have board representatives from at least 3 different employers/organizations.

**Tab D:** Copy of current accounting policy and procedures. If longer than 15 pages double-sided, can send as a separate PDF.

**Tabs E,F,G,H,** Note on Insurance Documentation: *Do not send entire insurance policy.* Please only include the summary page of your insurance policies. This should be one or two pages. Documentation must show the amount of coverage and the dates of coverage to be accepted. Dates for coverage must be current or recently expired to be accepted. If multiple insurance types are documented on one certificate of Liability Insurance page, please label each requested policy on form as "Tab H", "Tab I", etc.

**Tab E:** General Liability Insurance (the minimum coverage amount is \$500,000)

**Tab F:** Automobile Liability (must include non-owned vehicles). Only include if applicable.

**Tab G:** Workers' Compensation and Unemployment Compensation amount and dates of coverage.

**Tab H:** Fidelity Bond / Employee Dishonesty Bond (in an amount equal to one-half (1/2) of the total annual funding provided by the state or \$250,000, whichever is less, for all persons who will be handling funds. This coverage is also sometimes called employee dishonesty insurance, crime coverage, employee dishonesty bond, fidelity bond and crime fidelity insurance. )

**Tab I:** MOU from at least 1 substance abuse treatment agency. .

- Tab J:** Certificate of Attendance with local Regional Planning Council on Homeless/ Applicant must have attended meetings in calendar year 2014 to meet this threshold. See page 11 for form.
- Tab K:** Agreement or letter showing that the agency is a current Care Coordination Site
- Tab L:** Application Terms & Conditions Form (see form on page 9)
- Tab M:** Signed Drug Free Workplace Certification Form (see form on page 10)



## **L. Application Terms and Conditions:**

This application is issued subject to the following terms and conditions:

- N. This application is a request for the submission of qualifications, but is not itself an offer and shall under no circumstances be construed as an offer.
- O. IHCD A expressly reserves the right to modify or withdraw this request at any time, whether before or after any qualifications have been submitted or received.
- P. IHCD A reserves the right to reject and not consider any or all applicants that do not meet the requirements of this application, including but not limited to: incomplete qualifications and/or qualifications offering alternate or non-requested services.
- Q. IHCD A reserves the right to reject any or all companies, to waive any informality in the application process, or to terminate the application process at any time, if deemed to be in its best interest.
- R. In the event the party selected does not enter into the required agreement to carry out the purposes described in this request, IHCD A may, in addition to any other rights or remedies available at law or in equity, commence negotiations with another person or entity.
- S. In no event shall any obligations of any kind be enforceable against IHCD A unless and until a written agreement is entered into.
- T. The applicant agrees to bear all costs and expenses of its response and there shall be no reimbursement for any costs and expenses relating to the preparation of responses of qualifications submitted hereunder or for any costs or expenses incurred during negotiations.
- U. By submitting a response to this request, the applicant waives all rights to protest or seek any remedies whatsoever regarding any aspect of this request, the selection of another applicant or applicants with whom to negotiate, the rejection of any or all offers to negotiate, or a decision to terminate negotiations.
- V. IHCD A reserves the right not to award a contract pursuant to the application.
- W. All items become the property of IHCD A upon submission and will not be returned to the Applicant.
- X. IHCD A reserves the right to split the award between multiple applicants and make the award on a category by category basis and/or remove categories from the award.
- Y. The Applicant certifies that neither it nor its principals, contractors, or agents are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from utilizing federal funds by any federal or state department or agency.
- Z. A copy of IHCD A's most recent Contract Boilerplate is attached as an Exhibit to this application. By submitting a response to this application, applicant acknowledges the acceptance of IHCD A's Contract Boilerplate and the understanding that such Boilerplate is non-negotiable.

The applicant agrees to abide by the terms and conditions contained in this application.

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By (Title): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY  
STATE OF INDIANA  
DRUG-FREE WORKPLACE CERTIFICATION**

Pursuant to Executive Order No. 90-5, April 12, 1994, issued by Governor Evan Bayh, the Indiana Department of Administration requires the inclusion of this certification in all contracts with and grants from the State of Indiana in excess of \$25,000. No award of a contract or grant shall be made, and no contract, purchase order or agreement, the total of which amount exceeds \$25,000, shall be valid unless and until this certification has been fully executed by the Applicant and attached to the contract or agreement as part of the contract documents. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract payments, termination of the contract payments, termination of the contract or agreement and/or debarment of contracting opportunities with the State for up to three (3) years.

The Applicant certifies and agrees that it will provide a drug-free workplace by:

- (a) Publishing and providing to all of its employees a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violations of such prohibition; and
- (b) Establishing a drug-free awareness program to inform employees about (1) the dangers of drug abuse in the workplace; (2) the Applicant's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs; and (4) the penalties that may be imposed upon an employee for drug abuse violation occurring in the workplace;
- (c) Notifying all employees in the statement required by subparagraph (a) above that as a condition of continued employment the employee will (1) abide by the terms of the statement; and (2) notify the employer of any criminal drug use conviction for a violation occurring in the workplace no later than five (5) days after such a conviction;
- (d) Notifying in writing the contracting State Agency and the Indiana Department of Administration within ten (10) days after receiving notice from an employee under subdivision (c)-(2) above, or otherwise receiving actual notice of a conviction;
- (e) Within thirty (30) days after receiving notice under subdivision (c)-(2) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) take appropriate personnel action against the employee, up to and including termination; or (2) require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency; and
- (f) Making a good faith effort to maintain a drug-free workplace through the implementation of subparagraphs (a) through (e) above.

THE UNDERSIGNED AFFIRMS, UNDER PENALTIES OF PERJURY, THAT HE OR SHE IS AUTHORIZED TO EXECUTE THIS CERTIFICATION ON BEHALF OF THE DESIGNATED ORGANIZATION.

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Grantee/Sub-recipient

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Signature of Authorized Representative

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Printed Name and Title

**CERTIFICATE OF ATTENDANCE**  
**REGIONAL PLANNING COUNCIL ON THE HOMELESS/**  
**CONTINUUM OF CARE**

All HOME TBRA applicants considered for funding must submit this completed form with their HOME TBRA Application. The chairperson of the corresponding Regional Planning Council (RPC) on the Homeless or Continuum of Care must complete the form and return to applicant.

Chairperson: By signing below, you are attesting that the information provided is honest and accurate based on 2014 calendar year attendance records.

<b>Date</b>	
<b>Applicant (agency)</b>	
<b>RPC/CoC Region</b>	
<b>Region Chair – print name</b>	
<b>Region Chair- sign name</b>	
<b>Phone</b>	
<b>E-mail</b>	

\_\_\_\_\_ **YES**, the above agency has attended the local Regional Planning Council (regional continuum of care) meetings in 2014. We have had \_\_\_\_\_ meetings and they have attended \_\_\_\_\_ of these meetings.

\_\_\_\_\_ **NO**, the above agency has not attended the local Regional Planning Council (regional continuum of care) meetings in 2014. We have had \_\_\_\_\_ meetings and they have attended \_\_\_\_\_ of the meetings.

Thank you!